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UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREOCT 21 2005
SUPPORT SERVICES MANAGERKevin Dixon

Plaintiff

V.

WARDEN THOMAS CARROLL, et al.

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER: 05-756

I, Kevin Dixon declare that I am the (check appropriate box)

- • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? • • Yes • • No (If "No" go to Question 2)

If "YES" state the place of your incarceration Delaware Correctional Center

Inmate Identification Number (Required): 154239

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • • Yes • • No

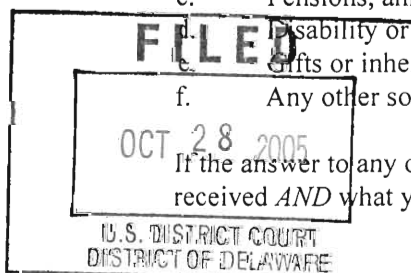
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources? April 15 2005 \$35.00 per month - Delaware Correctional Center

- | | | |
|---|---------|--------|
| a. Business, profession or other self-employment | • • Yes | • • No |
| b. Rent payments, interest or dividends | • • Yes | • • No |
| c. Pensions, annuities or life insurance payments | • • Yes | • • No |
| d. Disability or workers compensation payments | • • Yes | • • No |
| e. Gifts or inheritances | • • Yes | • • No |
| f. Any other sources | • • Yes | • • No |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



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SUPPORT SERVICES MANAGER

AO 240 Reverse (Rev. 10/03)
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • No

If "Yes" describe the property and state its value.

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

October 19, 2005
DATE

Kevin D. Dizon
SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

CERTIFICATE

(Incarcerated applicants only)

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account his/her credit at (name of institution) Delaware Correctional Center

I further certify that the applicant has the following securities to his/her credit: N/A

I further certify that during the past six months the applicant's average monthly balance was \$ 1.10 and the average monthly deposits were \$ 9.49

10/21/05

Date

Stacy Shano

Signature of Authorized Officer

(NOTE THE REQUIREMENT IN ITEM 1 FOR THE INMATE TO OBTAIN AND ATTACH LEDGER SHEETS OF ACCOUNT TRANSACTIONS OVER THE PAST SIX MONTH PERIOD. LEDGER SHEETS ARE NOT REQUIRED FOR CASES FILED PURSUANT TO 28:USC §2254)

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DELAWARE CORRECTIONAL CENTER
INMATE REQUEST FOR CERTIFIED TRUST FUND
ACCOUNT STATEMENT OF PRIOR SIX MONTH PERIOD

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SUPPORT SERVICES MANAGER

TO: Mr. Joseph Hudson, Manager
Delaware Correctional Center
Smyrna, Delaware 19977

Date: October 19, 2005

FROM: Kevin Dixon
Inmate Name (Please Print Name)

SBI# 154239

- I HEREBY CERTIFY -

Pursuant to the Prison Litigation Reform Act, 28 U.S.C. 1915 (a) (2), effective April 26, 1996, I am requesting a certified Statement of my Institution Trust Fund Account for the previous six month period. Please forward same to me.

Kevin D. Dixon
Signature
(28 U.S.C. 1746 and 18 U.S.C. 1621)